

REPORTABLE USE OF FORCE INCIDENT DATA

SECTION A - INCIDENT IDENTIFICATION INFORMATION

Incident Number: (b) (7)(E)	Incident Title: Shooting incident La Grulla, Texas	Orig. SIR No.:	Event No.:
Office: Office of Border Patrol	Owning Organization: Rio Grande Valley Sector/Rio Grande City Station	Reporting Official: (b) (6), (b) (7)(C)	Telephone Number: (b) (6), (b) (7)(C)
Type of Incident: <input checked="" type="checkbox"/> Firearm <input type="checkbox"/> Intermediate Device <input type="checkbox"/> Other		Local Time / Day / Date of Incident: 17:30 Saturday 2/20/2010	
Number of Subjects: 1	Number of Involved CBP Officers/Agents: 2	Other Offices / Agencies Involved:	

SECTION B - INCIDENT LOCATION INFORMATION

Address: (b) (7)(E)	City: La Grulla	State: TX	County: Starr
ZIP Code: 78582	Country: US	Longitude: (b) (7)(E)	Latitude: (b) (7)(E)
Character of Premises: Rural, Moderately Populated, Residential, Outdoors			
Illumination: -----			
If Natural Illumination: Daylight	If Artificial Illumination: Not Applicable		
Environmental Conditions: Dry, Calm, Wooded area			Estimated Ambient Temperature (°F): 75

Additional Comments (relevant to the incident information page):

Agent (b) (6), (b) (7)(C) and (b) (6), (b) (7)(C) fired a total of eight rounds into the suspect's vehicle as the driver attempted to run over the agents. Agents were in the process of apprehending a group of 11 when a 1996 Ford F-150 XL arrived on scene. Agents attempted to question the driver when he intentionally maneuvered the truck in the direction of the agents. Agents attempted to jump out of the path of the oncoming truck. Agents fired their service issued weapons in an attempt to stop the driver from running over them. The driver was not hit by any of the fired rounds and continued driving for another 10 miles before bailing out of the vehicle. Air assist was utilized in the locating of the driver a short distance from the Ford F-150. Agents did not sustain any injuries and there is not any property damage to report.

SECTION C - INVOLVED OFFICER / AGENT INFORMATION

Name: (b) (6), (b) (7)(C)	Title: BORD PATRL AGT	Service EOD: (b) (6), (b) (7)(C)	Duty Location EOD: (b) (6), (b) (7)(C)
Duty Location: Rio Grande Valley Sector/Rio Grande City Station			
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Hand Usage: <input checked="" type="checkbox"/> Right-Handed <input type="checkbox"/> Left-Handed	Height: (b) (6), (b) (7)(C)	Weight: (b) (6), (b) (7)(C)
Age: (b) (6), (b) (7)(C)			
Duty Status: <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty	Attire: <input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain Clothes	Total YEARS Law Enforcement Experience: Federal: 7 State: 0 Local: 0	Wearing Body Armor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Operational Activity: Linewatch			

SECTION D - INVOLVED OFFICER / AGENT INJURY INFORMATION

Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Any Involved Officer/Agent Injuries or Other Needed Information:
Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION E - WEAPONS USED BY OFFICER / AGENT

Firearm Information:			
Ownership: <input checked="" type="checkbox"/> CBP <input type="checkbox"/> Personal	Last Qualification Date: 12/10/2009	Qualification Score: 356	
Serial Number: (b) (6), (b) (7)(C)	Manufacturer: (b) (7)(E)	Model Name/Number: (b) (7)(E)	Caliber: (b) (7)(E)
Type: Pistol	Round Type (if Shotgun): Slug	Rounds Fired: 4	
Firearm Shooting Information:			
Posture: Standing	Posture Orientation: Side Towards		
Cover Usage: No Cover	Weapon Grip: Two-handed		
Target Elevation: Below Eye Level	Aiming Method: Point Aim		
Firing Mode: Semi-automatic	Estimated Distance (Express in Yards): Minimum: 1 Maximum: 2		
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged			
Comments Concerning Collateral Damage:			

SECTION E (Continuation) - WEAPONS USED BY OFFICER / AGENT

Intermediate Device Information:		
Device:		Device Type:
Description:		
Intermediate Device Deployment Information:		
Posture:		Posture Orientation:
Cover Usage:		Weapon Grip:
Target Elevation:		Aiming Method:
Firing Mode:		Estimated Distance (<i>Express in Yards</i>): Minimum: 0 Maximum: 0
Did Collateral Contamination Occur?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Time Needed for Decontamination (<i>Express in Minutes</i>): <input type="checkbox"/> 0-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> More than 20
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged		
Comments Concerning Collateral Damage:		

Other Force Information:		
Device Type:		Description:
Comments:		
Other Force Deployment Information:		
Posture:		Posture Orientation:
Cover Usage:		Estimated Distance (<i>Express in Yards</i>): Minimum: 0 Maximum: 0
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged		
Comments Concerning Collateral Damage:		

SECTION F - INVOLVED OFFICER / AGENT SHOOTING INFORMATION*(Data Merged with Section E Above by Weapon)***SECTION G - INVOLVED OFFICER / AGENT TRAINING INFORMATION**

What Training (<i>in addition to Basic Academy</i>) Assisted the Involved Officer/Agent:
Training Recommendations:

SECTION H - SUBJECT INFORMATION

Type: <input checked="" type="checkbox"/> Person <input type="checkbox"/> Animal		Reason (Animal): <input type="checkbox"/> Defense <input type="checkbox"/> Euthanize		Description of Animal:	
Name (Last, First, Middle): (b) (6), (b) (7)(C)				Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
DOB or Age: (b) (6), (b) (7)(C)		Height: (b) (6), (b) (7)(C)		Weight: (b) (6), (b) (7)(C)	
				Wearing Body Armor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
Attire: <input checked="" type="checkbox"/> Civilian <input type="checkbox"/> Paramilitary <input type="checkbox"/> Police <input type="checkbox"/> None				<input type="checkbox"/> Deceased	

SECTION I - SUBJECT FIREARM (AND MISC. WEAPONS) INFORMATION

Firearm Information: <input type="checkbox"/> Unknown					
Type:			Round Type (if Shotgun): <input type="checkbox"/> Shot <input type="checkbox"/> Slug <input type="checkbox"/> Other:		
Caliber:	Serial Number:	Manufacturer:	Model Name/Number:	Rounds Fired:	
Add Firearms (Use Supplemental Sheet for Additional Suspect Firearms): <input checked="" type="checkbox"/> None <input type="checkbox"/> See Supplemental					
Subject Other Weapon Information (NOT Firearm): Vehicle					

SECTION I-A - FORCE / WEAPON(S) USED ON SUBJECT

Weapon: (b) (7)(E)		Officer/Agent: (b) (6), (b) (7)(C)	
Subject: (b) (6), (b) (7)(C)			
Effective at Stopping Immediate Threat:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Comments: Driver continued			
Did Weapon or Device Function Properly / Perform As Expected?:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Comments:			
Subject Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

ADDITIONAL COMMENTS

SUPPLEMENTAL

Use this supplement to record involved Officer/Agent firearms and /or Subject weapons that are additional to those shown on the original form. Firearms or other weapons used by ADDITIONAL Involved Officers/Agents and or Subjects should be shown on ADDITIONAL FORMS submitted for those parties.

SECTION A - INCIDENT IDENTIFICATION INFORMATION

CBP Reportable Incident Number:	Original SIR Number:	Name of Primary Involved Officer / Agent:
(b) (7)(E)		(b) (6), (b) (7)(C)

SECTION C - INVOLVED OFFICER / AGENT INFORMATION - (b) (6), (b) (7)(C)

Name:	Title:	Service EOD:	Duty Location EOD:
(b) (6), (b) (7)(C)	BORDER PATROL AGENT	(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)
Duty Location: Rio Grande Valley Sector/Rio Grande City Station			
Sex:	Hand Usage:	Height:	Weight: Age:
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Right-Handed <input type="checkbox"/> Left-Handed	(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)
Duty Status:	Attire:	Total YEARS Law Enforcement Experience:	Wearing Body Armor:
<input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty	<input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain Clothes	Federal: 2 State: 0 Local: 0	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Operational Activity: Linewatch			

SECTION D - INVOLVED OFFICER / AGENT INJURY INFORMATION - (b) (6), (b) (7)(C)

Injured:
<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Any Involved Officer/Agent Injuries or Other Needed Information:
Referred for Additional Medical Attention:
<input type="checkbox"/> Yes <input type="checkbox"/> No

SUPPLEMENTAL

Use this supplement to record involved Officer/Agent firearms and /or Subject weapons that are additional to those shown on the original form. Firearms or other weapons used by ADDITIONAL Involved Officers/Agents and or Subjects should be shown on ADDITIONAL FORMS submitted for those parties.

SECTION A - INCIDENT IDENTIFICATION INFORMATION

CBP Reportable Incident Number:	Original SIR Number:	Name of Primary Involved Officer / Agent:
(b) (7)(E)		(b) (6), (b) (7)(C)

SECTION E - WEAPONS USED BY OFFICER / AGENT - (b) (6), (b) (7)(C)

Firearm Information:			
Ownership:	<input checked="" type="checkbox"/> CBP <input type="checkbox"/> Personal	Last Qualification Date:	Qualification Score:
		11/24/2009	302
Serial Number:	Manufacturer:	Model Name/Number:	Caliber:
(b) (6), (b) (7)(C)	(b) (7)(E)	(b) (7)(E)	(b) (7)(E)
Type:	Round Type (if Shotgun):	Rounds Fired:	
Pistol	Slug	4	
Firearm Shooting Information:			
Posture:	Posture Orientation:		
Standing	Side Towards		
Cover Usage:	Weapon Grip:		
No Cover	Two-handed		
Target Elevation:	Aiming Method:		
Below Eye Level	Sight Aim		
Firing Mode:	Estimated Distance (Express in Yards):		
Semi-automatic	Minimum: 1	Maximum: 2	
Collateral Damage:	<input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged		
Comments Concerning Collateral Damage:			